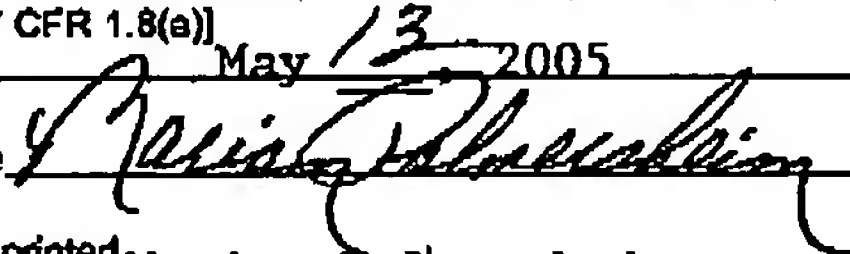
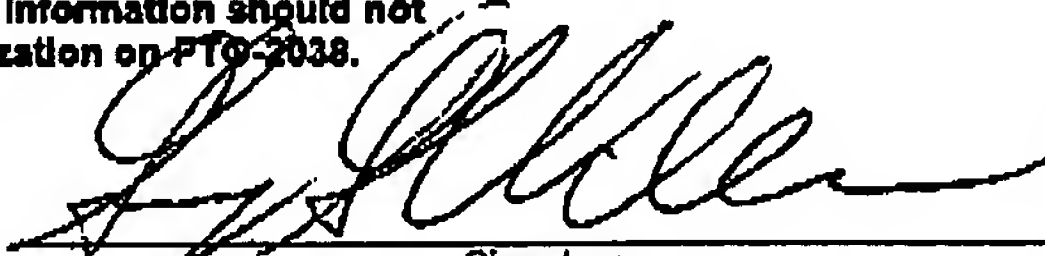


PTO/SB/31 (04-05)

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 03B1682
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Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.		
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)).		\$ <u>500.00</u>
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ <u>250.00</u>
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>19-2260</u> . I have enclosed a duplicate copy of this sheet.		
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>31,681</u> <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34, _____		<div style="text-align: center;">  Signature <u>GREGORY G. WILLIAMS</u> Typed or printed name <u>319-887-1368</u> Telephone number <u>May 13, 2005</u> Date </div>
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.		

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PAGE 5/6 * RCVD AT 5/13/2005 3:15:28 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/0 * DNIS:8729306 * CSID:319 887 1372 * DURATION (mm-ss):02-32

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Also licensed to practice in: 1 Illinois 2 Wisconsin 3 Missouri

FACSIMILE INFORMATION SHEET

DATE: May 13, 2005

TIME: 2:00 PM

RE: Application No: 10/605,557

Applicant: Ron M. Beam

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Examiner B. Miller

NAME OF FIRM/COMPANY:

USPTO - Group Art Unit 3714

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May 13, 2005, 3:11PM No: SIMMONS, PERRINE-I.C

No. 6275 P. 2/6

Applicant: Ron M. Bean
Filed: October 8, 2003
Art Unit: 3714
Examiner: B. Miller
FOR: ADJUSTABLE TURKEY PAN CALL HOLDER

PTO/SB/97 (09-04)

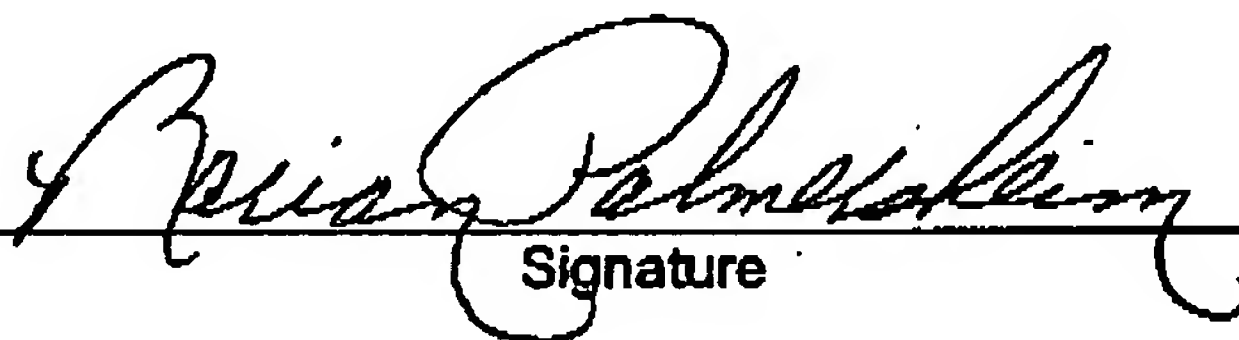
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PTO/SB/21 (09-04)


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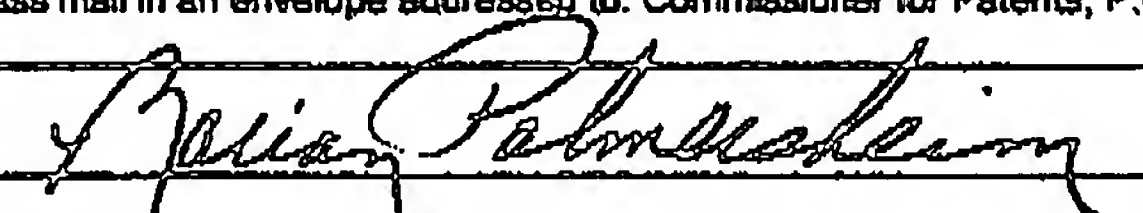
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/805,557
	Filing Date	OCTOBER 8, 2003
	First Named Inventor	RON M. BEAN
	Art Unit	3714
	Examiner Name	B. MILLER
Total Number of Pages in This Submission	Attorney Docket Number	0381682

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	SIMMONS PERRINE ALBRIGHT & ELLWOOD, P.L.C.		
Signature			
Printed name	GREGORY G. WILLIAMS		
Date	MAY 13, 2005	Reg. No.	31,881

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Signature			
Typed or printed name	MARIAN PALMERSHEIM	Date	MAY 13, 2005

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Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete If Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/605,557
		Filing Date	OCTOBER 8, 2003
		First Named Inventor	RON M. BEAN
		Examiner Name	B. MILLER
		Art Unit	3714
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	03B1682
TOTAL AMOUNT OF PAYMENT (\$)		250.00	

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>19-2280</u> Deposit Account Name: <u>SIMMONS PERRINE ET AL.</u>				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below				
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee				
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17				
<input type="checkbox"/> Credit any overpayments				

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$)

- 20 or HP = x =

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): NOTICE OF APPEAL

Fees Paid (\$)

\$250.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	31,681	Telephone	319-887-1368
Name (Print/Type)	GREGORY G. WILLIAMS			Date	MAY 13, 2005

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